Indiana State Police Memorial License Plate Application For Numbers 1-100 ONLY

	Name as it appears on registration:	Applicant Signature:
	Street Address:	City, State, Zip Code:
	Telephone Number and/or E-Mail Address:	Please list top three choices for plate number: 1) 2) 3)
	Social Security Number:	Date of Birth (mm/dd/yyyy)
• S	lend this form to: Indiana State Police Attn: Michelle Trinkle 100 North Senate Avenue Indianapolis, IN 46204-2259	
• T • V n Document statement ********	This application will be validated and returned to When you order your Indiana State Police Memonail, include this validated application. All registation of eligibility is subject to verification by a must be signed. ***********************************	rial License Plate from the license branch, either in person or by
Document statement ******* The appli	317-233-1082 (Fax) Complete a separate application form for each lice. This application will be validated and returned to When you order your Indiana State Police Memoral, include this validated application. All registation of eligibility is subject to verification by a must be signed. ***********************************	you to take to your local BMV branch. rial License Plate from the license branch, either in person or by tration fees will be paid to the BMV. he Bureau of Motor Vehicles. The following verification Below This Line************************************

Document Control Number